

Exhibit 9

From: [REDACTED]
Subject: URGENT !!! Re: Leased vehicle with Nissan dealership !!
Date: September 16, 2016 at 11:01 AM
To: uber@uber-inc.com



Hello,

Please advise me if I have a leased vehicle with a Nissan dealership, can I use that car for UBER?

I appreciate your swift reply to this question.

Regards,

[REDACTED]

Sent from [Mail](#) for Windows 10



Division of Human Rights

ANDREW M. CUOMO
Governor

HELEN DIANE FOSTER
Commissioner

December 12, 2017

Uber Technologies Inc.
Attn: Legal Dept
231 W. 29th Street
New York, NY 10001

Re: [REDACTED] v. Uber Technologies Inc.
Case No. [REDACTED]

Dear Uber Technologies Inc:

On 9/21/2017, we forwarded you a copy of the above-captioned complaint and requested that you provide us with an answer to the charges, as well as the person we should contact.

Our records indicate that you have failed to comply with our request.

N.Y. Executive Law, Article 15, § 295, subdivision 7, provides the Division with subpoena powers to compel compliance. See further, 9 N.Y.C.R.R. § 465.14.

Furthermore, if a respondent refuses to cooperate with the Division's investigation of a complaint, the Regional Director may draw an adverse inference based upon such refusal.

Before we take this drastic step, we are affording you a final opportunity to comply with our directive within 7 days from the date of this letter. We expect your answer within that time.

Protection of personal privacy: In most cases, you will be expected to submit documents in support of your response to the complaint. The Division observes a personal privacy protection policy consistent with Human Rights Law § 297.8 which governs what information the Division may disclose, and the N.Y. Public Officer's Law § 89 and § 96-a, which prohibit disclosure of social security numbers and limit further disclosure of certain information subject to personal privacy protection. Please redact or remove personal information from any documentation submitted to the Division, unless and until the Division specifically requests any personal information needed for the investigation. The following information should be redacted: the first five digits of social security numbers; dates of birth; home addresses and home telephone numbers; any other information of a personal nature. The following documentation should not be submitted unless specifically requested by the Division: medical records; credit histories; resumes and employment histories. The Division may return your documents if they contain personal information that was not specifically requested by the Division. If you believe

that inclusion of any such personal information is necessary to your response, please contact me to discuss before submitting such information.

Very truly yours,

A handwritten signature in black ink that reads "William LaMot". The signature is written in a cursive, slightly slanted style.

William LaMot
Regional Director

cc: Uber Technologies Inc.
Attn: Legal Dept
1455 Market Street, 4th floor
San Francisco, CA 94104

ATTORNEYS AT LAW

365 Bridge Street
Suite 3Pro
Brooklyn, N.Y. 11201

Tel: [REDACTED]
Fax: [REDACTED]

November 2, 2018

UBER INC
231 WEST 29TH ST
SUITE 1204
NEW YORK, NY 10001

Re: [REDACTED]

Dear Sir/Madam,

I am enclosing herewith a copy of an Information subpoena that was previously served on you via US Mail on March 29, 2018.

To date, I have not received a response to the Subpoena nor was it returned by the post office. As such, I assume the Subpoena was properly received and that you have willfully failed to timely comply. As a courtesy, I am providing you another opportunity to comply the Subpoena. Should I not be in receipt of a proper response to the Subpoena within 10 days, I may be forced to petition the court to hold you in contempt for your willful failure to comply.

Please be guided accordingly.

Very Truly Yours,

[REDACTED]

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF KINGS

INFORMATION SUBPOENA

-----X


Judgment Creditor,
-against-





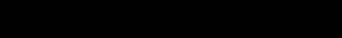

Judgment Debtor
-----X

THE PEOPLE OF THE STATE OF NEW YORK

To the witness to be examined,

UBER INC
231 WEST 29TH ST
SUITE 1204
NEW YORK, NY 10001

GREETINGS:

WHEREAS, a certain judgment in the sum of \$3,772.35 has been recovered by 
 the judgment creditor, against the judgment debtor in the CIVIL Court: County of KINGS on
OCTOBER 13, 2017 there now being due thereon the sum of \$3,772.35 with interest from the date of entry of
the judgment, and,

I HEREBY CERTIFY that this information subpoena complies with Rule 5224 of the Civil
Practice Law and Rules and Section 601 of the General Business Law and that I have a reasonable belief
that the party receiving this subpoena has in their possession information about the debtor that will assist
the creditor in collecting the judgment.

NOW, THEREFORE, WE COMMAND YOU, that you answer in writing under oath, each question
in the within questionnaire and that you return same to the undersigned within seven (7) days after their
receipt. False swearing or failure to comply with this subpoena is punishable as contempt of court.

Dated: Brooklyn, New York
March 29, 2018




Attorney for Plaintiff
365 Bridge Street, Suite 3Pro
Brooklyn, NY 11201
(718)875-5802

STATE OF _____ COUNTY OF _____

_____ being sworn, deposes and says: that deponent is the _____ of _____ recipient of the information subpoena herein. The answers set forth are made from information obtained from records of the recipient.

Q. 1. Please state the name and address of the person responding to the within subpoena.

A.

Q. 2. Please state whether you have a record of employing the Judgment Debtor; and, if so, state the date that the employment commenced, the Judgment Debtors position with your firm, the annual salary of the Judgment Debtor and the frequency that the Judgment Debtor receives a paycheck (i.e. monthly, weekly, bi-monthly, etc.). If the Judgment Debtor is not a current employee, please state the date separated and reason for separation.

A.

Q. 3. State whether the judgment debtor is currently on medical leave, leave of absence, worker's compensation, or some other type of inactive status with your company.

A.

Q. 4. State the name, address and telephone number of the place of business or employment of the Judgment Debtor listed in your records, verify social security number.

A.

Q. 5. State the home address of the Judgment Debtor as set forth in your records.

A.

Q. 6. State whether the Judgment Debtor has or had direct deposit of his/her paycheck with any financial institutions; and, is so, state the name of said institutions.

A.

Q. 7. State whether the Judgment Debtor filled out any applications for employment to your firm, and, if so, annex a copy of the application to this response.

A.

Q. 8. State whether the Judgment Debtor's salary is currently being garnished by another Judgment Creditor; and, if so state the amount of the garnishment, the name of the Judgment Creditor; expected completion date of the garnishment; names of any other Judgment Creditors that served income execution on you and the expected commencement of said income executions.

A.

Sworn to before me this
day of _____



DEPARTMENT OF LABOR
Unemployment Insurance Division
PO Box 15122
ALBANY, N.Y. 12212-5122
www.labor.ny.gov

NOTICE OF EXPERIENCE RATING CHARGES

Need help avoiding layoffs? You may be eligible for the Shared Work Program. Keep your trained full-time, part-time and seasonal staff. They can receive partial UI benefits while working reduced hours. Visit www.labor.ny.gov/sharedwork.

UBER INC
231 W 29TH ST RM 906
NEW YORK NY 10001-5475

DATE MAILED
06/07/19

EMPLOYER REG. NO.
[REDACTED]

THIS IS NOT A BILL

PLEASE REVIEW PROMPTLY

BENEFIT PAYMENTS MADE TO THE CLAIMANTS LISTED HAVE BEEN CHARGED TO YOUR ACCOUNT. EACH PAYMENT IS FOR FOUR EFFECTIVE DAYS(ONE WEEK) UNLESS OTHERWISE INDICATED. TO HELP PROTECT YOUR ACCOUNT AND THE UNEMPLOYMENT INSURANCE FUND:

1. Verify that each claimant was employed by you.
2. If you failed to respond to information requested in the Notice of Potential Charges(FORM LO 400) or any other subsequent request for information about a claim in a timely or adequate manner, the law prohibits the relief of charges under most circumstances.
3. If you have any information you were not aware of when you received the Notice of Potential Charges that might affect the claimant's benefit rights, we must receive your response within ten calendar days of the date of this notice in order to be relieved of charges. Please write to the NYS Department of Labor, PO Box 15122, Albany, NY 12212-5122 or fax to (518) 485-6172.
4. If you have work available, please contact the claimant directly. Should the claimant refuse the job or not report to work, please write to the NYS Department of Labor, PO Box 15130, Albany, NY 12212-5130 or fax to (518) 485-7377. If you are unable to contact the claimant or would like assistance in meeting your hiring needs, contact the DOL Employment Service nearest you.
5. A (P) printed next to the amount of benefits paid shows that a pension reduction is already being made. If you are aware that a claimant is receiving a pension to which you contributed and no reduction is shown, please write to the address in #4 above or fax to (518) 485-7377.
6. If you object to any of these charges for other reasons, write to the Liability and Determination Section at the address in the header or fax to: (518) 485-6172. Provide the claimant's name, SS#, week ended dates, and reason(s) you believe the charges are incorrect.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY REQUEST A
HEARING WITHIN 30 DAYS FROM THE MAILING DATE OF THIS NOTICE.

PAGE 1

SOCIAL SEC. ACCOUNT #	NAME	WK ENDED MO DY YR	AMOUNT	EFF DAY	DOL OFF	SOCIAL SEC. ACCOUNT #	NAME	WK ENDED MO DY YR	AMOUNT	EFF DAY	DO OF
XXX-XX- [REDACTED]	[REDACTED]		450.00		801	XXX-XX- [REDACTED]	[REDACTED]		854.55	✖	80
XXX-XX- [REDACTED]	[REDACTED]		900.00	✖	801	XXX-XX- [REDACTED]	[REDACTED]		900.00	✖	80
XXX-XX- [REDACTED]	[REDACTED]		900.00	✖	801	XXX-XX- [REDACTED]	[REDACTED]		900.00	✖	80
XXX-XX- [REDACTED]	[REDACTED]		900.00	✖	801	XXX-XX- [REDACTED]	[REDACTED]	3 03 9	265.46		83
XXX-XX- [REDACTED]	[REDACTED]	3 10 9	265.46		831	XXX-XX- [REDACTED]	[REDACTED]	3 17 9	265.46		83
XXX-XX- [REDACTED]	[REDACTED]	3 24 9	265.46		831	XXX-XX- [REDACTED]	[REDACTED]	3 31 9	265.46		83
XXX-XX- [REDACTED]	[REDACTED]	4 07 9	265.46		831	XXX-XX- [REDACTED]	[REDACTED]	4 14 9	265.46		83
XXX-XX- [REDACTED]	[REDACTED]	4 21 9	265.46		831	XXX-XX- [REDACTED]	[REDACTED]	4 28 9	265.46		83

2019 CHARGES TO DATE

\$4,119.74

\$8193.69 TOTAL

THESE CHARGES WILL BE USED IN DETERMINING
YOUR CONTRIBUTION RATE FOR CALENDAR YEAR 2020.
A CR SYMBOL CANCELS A PREVIOUS CHARGE.
AN ASTERISK (✖) IS AN ADJUSTMENT.
IA 96 (06-18)

STEPHEN GESKEY, DIRECTOR
UNEMPLOYMENT INSURANCE DIVISION
FOR THE COMMISSIONER OF LABOR